## INSTRUCTIONS FOR CHL-81 SUSPENSION AFFIDAVIT

## **PURPOSE**

The purpose for the Suspension Affidavit is to provide information to identify the grounds upon which a license may be suspended as set forth in Government Code Section 411.187.

- 1. The notarized affidavit, along with all attachments, must be sent within five (5) days after the affidavit is prepared to: REGULATORY SERVICES DIVISION MSC 0245, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0245.
- 2. A copy of the affidavit, along with attachments, must be sent to the license holder.

## **FILLING OUT THE AFFIDAVIT PARAGRAPHS:**

<u>First blank:</u> Print or type the county where you filled out the affidavit.

<u>Second blank</u>: Print or type your name.

Third blank: Print or type your name.

Fourth blank: Print or type the name of the agency that you work for.

<u>Fifth blank</u>: Print or type arresting agency's originating identification number.

<u>Sixth blank</u>: Print or type either your badge number or employee number (use the number

that is best to contact you) and specify whether it is a badge number or

employee number.

<u>Seventh blank</u>: Print or type the license holder's name.

<u>Eighth blank:</u> Print or type the Concealed Handgun License number, if the license holder is a

Concealed Handgun Licensee.

Ninth blank: Print or type the Instructor Certificate Number, if the license holder is a

Certified Handgun Instructor.

Next: Circle either TDL No. Or Texas Identification No. to designate which number is

provided in the Ninth Blank.

<u>Tenth blank:</u> Print or type the Texas Driver's License Number or Texas Identification Number.

<u>Eleventh blank:</u> Print or type the license holder's date of birth, month, date and year.

(Example: November 1, 1910 would be written as 11-01-1910.)

Twelfth blank: Print or type the license holder's number, street, apartment number (if applicable),

city, state and zip code. (Example: 111 Robin Street, Apt. #3, San Antonio,

Texas 70001-1110.)

Thirteenth blank: Print or type the license holder's telephone number, including area code.

(Example: (555) 111-2222)

## FILLING OUT THE NUMBERED BLANKS:

Please put a check mark in the box(es) that apply and fill in the blanks for those items that have check marks beside them.

1. <u>First blank</u>: Print or type the cause number.

Second blank: Print or type the court number.

Third blank: Print or type the county and state where the court is located.

Fourth blank: Print or type in the date charge was filed.

<u>Fifth blank:</u> Print or type the date that offense or incident occurred.

<u>Sixth blank</u>: Print or type the specific charge(s) licensee was arrested or indicted for.

Check box only. If yes, complete next blank.

Seventh blank: Print or type relationship of suspect to victim if family violence offense/incident.

Check box only.

2. <u>First blank</u>: Date that license holder failed to show license to magistrate or peace officer.

Second blank: Name of magistrate or peace officer.

3. Check box only.

4. Check box only.

5. First blank: Non-semi-automatic or semi-automatic.

Second blank: Date license was modified.

A. Check either the **Yes** or **No** box.

<u>If the license was surrendered</u>, send the license, along with the affidavit and attachments to: REGULATORY SERVICES DIVISION MSC 0245, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0245.

B. Please list the exhibits that are attached. For example:

Exhibit #1: Certified copy of indictment of John Smith for the offense of burglary of a habitation - 09-01-95; 1 page.

Sign (do **not** print) your name on the signature line for peace officer/affiant before a notary public.

Print or type your agency address and telephone number in the spaces provided.

Have the notary date, sign, and place the seal in the spaces provided. Since the affidavit may need to be copied, please have the notary stamp the seal with a stamp that provides an inked (<u>not</u> pressed) seal.